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EDITORS:
THOMAS S. POWELL, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

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ORIGINAL AND SELECTED ARTICLES.

ON MALIGNANT DISEASE.

BY H. M. LAWSON, M.D., CUTHBERT, GA.

[The following article was first written for a prize in reply to the inquiry, "What is the proper line of study and experimentation likely to bring to light a successful treatment of malignant disease?" and was rejected, and—I think—rejected without trial. I now place it before the profession for it to decide as to whether or not the inquiry is answered; for I will not submit to the decision of any one man, or any half-dozen men, but I am content to abide the decision of the profession.]

I am as free from literary ambition as destitute of literary skill, and only take the pen in hand from a sense of duty; for I believe it to be the duty of all medical men to give the profession whatever beneficial discoveries they make. Believing this, I have strictly observed it during my professional life, and have written this under circumstances of great personal affliction, and hope that the plan of treatment proposed will be as successful in the hands of others as it has been in my own, and that it will not be condemned without trial. If, however, the profession rejects the method of treatment for fear of the remedy, I propose to go to any part of Georgia and treat a case under the supervision of a committee appointed by any of its medical faculties, or the State Medical Association, and convince them that the treatment is both efficient and harmless.

When I began the study of materia medica, I found that there was quite a diversity of opinion among medical authorities concerning arsenic, some saying that its external use was murderous, others safe, others, again, proposing to reject it as a remedy altogether. On entering the profession and discussing the remedy with medical men, I found that but few used it, and these rarely, otherwise than as a dernier resort, and that all were, more or less, afraid of it; so I determined to examine the remedy for myself, but deferred to do so, partly for want of an opportunity; again, excusing myself from the task by saying: "Surely, if the majority of the profession wish to ostracize it, there must be ample ground for their so-doing." Finally, on reading an article in a medical journal, "The Arsenic-eaters of Styria," I determined no longer to defer investigating the subject, and the result of that investigation will be found in the following pages.

I was aware that many cases of malignant disease did well on arsenic while it could be taken, but in consequence of the supervention of its cumulative effects, it had to be suspended before all the benefit it seemed capable of affording could be brought to bear upon the case. The article referred to convinced me that there was a way to give arsenic continuously without hindrance from the ill effects alluded to; and I began experimenting to ascertain the fact. My first subject of experiment was myself. I had not continued my experiments long before I discovered the fact that if the dose of arsenic was large enough to prove laxative the cumulative effect would not occur, and I became very anxious for a suitable case of malignant disease upon which to test the treatment. Before this, while studying the subject of malignant disease, I became convinced that, if ever a successful plan of treatment for that intractable malady was discovered, arsenic would play an important part therein. It was some years after this before my first case, the first one, reported at the conclusion of this article, presented itself.

TREATMENT.—Preparatory to commencing an arsenical course, the condition of the patient's bowels should be ascertained. If they are moved daily, or in a healthy condition, the patient may be at once put upon the remedy; but if they are more or less constipated, care should be taken to correct this condition. This is best done (according to my experience) by giving a laxative dose of rhubarb every night for two or three nights before commencing with the arsenic, omitting, however, to give it the night before commencing the arsenical course, so as to be certain that the first dose of arsenic produces the due effect on the bowels. I would

say, in reference to rhubarb, in this connection, that it is far superior to any other remedy as a laxative used with arsenic, and will be found of great service at the commencement and termination of the arsenical course.

The way to give arsenic, in malignant disease, is in laxative doses, and once only in twenty-four hours; and the time is in the morning fasting. It should be given in half a cup of coffee, as warm as it can be taken. If the bowels are not moved within three hours a laxative dose of rhubarb should be given and repeated every three hours until the bowels move.

One-eighth of a grain of arsenious acid will generally prove laxative; therefore, it is a good dose to begin with; but, should it fail to impress the bowels, give the rhubarb as already directed, and on the next morning *give one-fourth of a grain*, and should this dose fail to prove laxative (which it will rarely do), pursue the same treatment with the rhubarb as before, and so on, until the laxative dose of arsenic is arrived at. The laxative dose found, it is to be given every morning throughout the treatment.

After taking the remedy for a short time, the dose found to be laxative will require to be augmented: the bowels becoming accustomed to that quantity, a sufficient laxative effect will not otherwise be maintained.* When this occurs, add *one-eighth of a grain to the next dose given, and the laxative effect is to be maintained by adding the last-mentioned quantity as often as the case requires during the treatment.* This augmentation may be safely continued until the dose reaches two grains, and few cases, if any, will ever require a larger dose than one grain.

In from three days to three weeks, all pain and other morbid sensations will cease in the diseased part, which indicates the arrest of the disease, and it is manifestly proper to defer surgical interference until its growth is arrested, although it should require a longer time than that mentioned. When the pain or other sensations cease, the diseased part should be removed by surgical operation; but in cases where surgical operation has already been performed, or in other cases where sparseness of tissue forbids the use of the knife, a solution of the chloride of zinc, ten grains to the ounce of water, increased if necessary, so as to produce a profuse discharge, will be found a serviceable resource. A caustic treatment, such as that just mentioned, is, in my limited experience, preferable to the stronger applications often used in such

* Note 1.

cases. My experience is confined to the use of caustics only in connection with the internal use of arsenic.

As soon as the morbid structures have melted down under the action of the caustic solution, it should be discontinued, and a healing application should be substituted. I have found new clean tallow superior to anything else as a dressing in these cases.

The arsenic should be continued in all cases until the parts are healed, and for a week afterward.

In withdrawing the remedy, especially if it has been found necessary to continue it longer than six weeks, or when it was necessary to increase it several times, it is not well to discontinue it too suddenly. My plan is to reduce to the original laxative dose, and give that every other morning for three or four days; but continue the coffee every morning (which will act almost as promptly as if it contained the arsenic), then discontinue the remedy altogether; but continue the coffee every morning for a week. Care must be taken to keep the bowels gently open during the entire time of withdrawing the remedy, and it is in doing this that rhubarb is found so valuable.

To resume. To put the patient upon laxative doses of arsenious acid, and to maintain the remedy at its laxative dose, are the two important points that demand attention, since they secure the full tonic and alterative effects of the remedy, and, at the same time, its elimination.*

A short account of the effects of arsenic used in this way will not be out of place here. The first dose will be apt to produce nausea, and sometimes vomiting, attended by slight pains in the stomach, and griping pains in the bowels, somewhat like the effects of a drastic cathartic, but not so severe; but these effects are confined to the initial dose, the succeeding ones producing no unpleasant effects, but rather the contrary, nor is any further disturbance experienced, unless it becomes necessary to increase the dose; but after every such increase the same phenomena are produced, but in a slighter degree. All these unpleasant effects cease as soon as the bowels are moved, and are succeeded by a keen appetite and a feeling of excitement.

I am well aware that this method of giving arsenic is at variance with the generally received mode, as is, also, the time of giving it; but if the way recommended be the best, I feel quite sure that it will be recognized and adopted when experience has so determined, to which arbiter I am content to refer the disputed point.

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* Note 2.

I do not claim to present the profession with a new remedy for malignant disease; for every one acquainted with the subject is aware that arsenic has been used from very early times for cancerous affections; but I am only offering a new, safe and, as I believe, successful method of using an old one: a way, too, in which it can be continuously given as long as the circumstances of the case require.

Experience has fully satisfied me that arsenic is not half so unmanageable a remedy as it is believed to be by the majority of the profession, if its peculiarities are understood. It is true the circumstances under which it becomes dangerous, the medicinal agents and articles of diet with which it will not agree, must be known and avoided. The following I have found more or less detrimental. All astringent remedies, especially opium and its preparations,* alcoholic liquors, mercury and its preparations, tobacco and all constipating articles of diet; for the fact should never be lost sight of that it is arsenic *retained* in the system that does harm, but when *eliminated* no harmful effects will ensue, unless the dose given considerably exceeds those herein recommended or the articles above mentioned as detrimental either constipate the bowels or otherwise interfere with the due effects of the remedy.

The arsenic must all pass out of the system, or its cumulative effects will ensue; and that it passes off, and chiefly by the bowels,† I have reason to be assured. I have seen some reference to the ill effects of arsenic on the stomach, or permanent injury to the nervous system; but I have, after a long experience with the remedy, in malignant as well as non-malignant diseases, witnessed no such effects; and, judging from my own experience, I am forced to believe that, when such effects are induced, it is in consequence of the ignorance of the rules I have given for their avoidance.

Of course, I do not accuse any one of willful or criminal ignorance, but only that the obscurity of the subject rendered it necessary for some one to institute the experiments that I have attempted before any one could possibly understand the peculiarities of the remedy sufficiently to avoid its injurious effects.

There is certainly a line which separates between the curable and the incurable cases, but in my experience the remedy has always indicated this. If the pain is relieved or ameliorated from the preparatory course, i. e., the first three weeks of treatment, it is a curable case, but should it fail to have this effect the result will be doubtful.

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* Note 3. † Note 2.

I believe in the curability of almost all recent cases where the aid of the knife or other methods of removal are not impracticable, but experience has yet to prove this, and also to determine to what extent cases in which the disease is beyond the reach of surgical interference are relievable.

I have taken ample time to test this method of using arsenic, but am not sure that I have used the preparation best adapted to the treatment. I have used arsenious acid* exclusively, and it has answered the purpose fully; at all events, the cases treated by it are still free from malignant disease and in good health otherwise, although several years have elapsed since their treatment.

CASES.—The first case that afforded me an opportunity of testing arsenic in malignant disease was Mrs. T., aged fifty-six years. She was of spare habit and decidedly delicate, quite the reverse of what is understood by the term robust.

A large, ragged, wart-like growth, with an intensely red base, had made its appearance on her nose near its middle, attended by a burning sensation and lancinating pain; and, as everything connected with the case was decidedly malignant, and her bowels being in a proper condition, I began the treatment by putting her upon one-eighth of a grain of arsenious acid, at the time and in the manner already detailed. The dose proving laxative, it was continued for three days; but, as no apparent benefit resulted, she expressed a wish to have the growth removed. To this I objected, telling her that if it was malignant she ought to continue the constitutional treatment at least two weeks, and that if she did so, in all probability it would not return after removal, but an earlier removal would almost certainly be followed by a return of the disease, while if it was not malignant no operation was necessary. This seemed to satisfy her, but, being afterward counseled by her friends, her fears were re-established, and she left next day for a neighboring city, without further consulting me, and had the operation performed. After her return I heard nothing from her for a week, when I received a note from her, requesting me to call and see her. On my arrival she met me at the door, saying: "Doctor, I am sorry I did not follow your advice. I have had the operation performed, and the disease has returned, as you predicted, and I wish you to resume the management of the case." Had it been any other kind of a case I should have had nothing more to do with it; but, as it offered me a long-wished-for opportunity of testing the arsenical treatment, I consented, at the same time tell-

*Note 5.

ing her that I could not now promise her relief, but if she would be guided by me alone in regard to the case for the future, I would do my best for her. To this she gladly consented, and I resumed the treatment by putting her upon the arsenic in the same dose as at first. One increase of the remedy was required in a six week's treatment, at the end of which time the parts were healed, and the only evidence of the malady remaining was a pit about the size of a split pea. In this case no external application was made,* nor was any other remedy but the arsenic used; neither was any further surgical operation required. Several years have elapsed without any indication of the disease returning. This lady visited me a few days ago and is still free from all evidence of malignant disease, and in good health.

Shortly after the above case was discharged, a lady seventy years of age applied for treatment. The greater part of this patient's nose and cheeks were destroyed by a lupus of twenty years standing. On her temples and what remained of her cheeks were several black, rough spots, from the size of a five cent piece to that of a dime. The age of this patient, as well as that of the disease, precluded the possibility of a cure, and I at once told her so, but as she was anxious for me to make an attempt for her relief, I agreed to put her upon a three weeks treatment merely to gratify her, without any hope myself of doing her the slightest good. At the expiration of that time, although there was no apparent benefit to the original disease, the black spots above mentioned had all disappeared, leaving the skin in a healthy condition. These spots, she assured me, were exactly like the one that twenty years before began her disease, and a cure, I am satisfied, would have been the result had the treatment been instituted at an earlier period. Her advanced age prevented my pressing the treatment, as I should have done with a younger and more vigorous patient, so the treatment was discontinued.

The case now to be reported is one of great interest, showing in a remarkable manner the benefit as well as the harmlessness of arsenic as herein advised, and the singular behavior of the tumor while under treatment.

This patient had a firm, but small tumor, with an irregular surface, located midway between the eye and the upper lip, attended by lancinating pain and a peculiar sensation as of the gnawing and crawling of ants—as the patient expressed it. This one was of fifteen years standing, and had, during that time, been under

* Note 4.

several physicians, and two or three "cancer doctors," so-called, and the tumor had been removed two or three times by caustic agents, but had promptly returned. There was no diversity of opinion as to the nature of this tumor among the medical gentlemen who had seen or attended the case, all agreeing as to its malignancy.

I put this patient upon one-eighth of a grain of arsenious acid, in the manner before described. Very soon after the beginning of the treatment the pain and the other unpleasant sensations mentioned ceased. After the third month I found it necessary to increase the dose to one-fourth of a grain, but no farther increase was found necessary, and, had the patient submitted to the necessary operation for the removal of the disease at the proper time, the cure would have been speedily accomplished; but, the patient objecting to this, the treatment was continued, hoping that ulceration and absorption would effect its removal, for during the fourth month the tumor became deeply grooved in the following manner: A deep groove opened the tumor vertically, and another horizontally, crossing each other in the center, and from which a profuse discharge occurred, diminishing the size of the tumor considerably. At the end of the seventh month it healed, leaving a flat, painless tumor, about one-fourth its original size. At the close of tenth month I discontinued the treatment, thinking that a cure could not be effected without an operation; but I was agreeably surprised to find that the tumor continued gradually to diminish until the parts returned to the natural condition, and, although several years have elapsed, there is not the slightest indication of a return of the disease, and the patient is in perfect health in every respect.

The only ill effects I have ever seen from arsenic occurred in this case, and were occasioned as follows: After the patient had been under treatment about four months, business compelled me to leave home for a few days. (Up to that time I had seen the patient daily.) Before leaving, I prepared and left with the patient three doses, as I only intended to be absent three days. During my absence the weather became unsettled, and the patient, fearing I would be detained longer than the time specified, made four doses out of the last two, and when I returned, which I did in due time, I found the patient cumulatively poisoned, at which I was greatly surprised, but was relieved on being told about the dividing of the doses, and the bowels not having been relieved for a day or two, this accounted for the unexpected effects. Believing that to open the bowels with rhubarb, and to resume the arse-

nic in one-fourth of a grain doses, was the best way out of the difficultv, I did so, and in forty eight hours the cumulative effects had disappeared.

Here was a patient who had taken arsenic ten months, and is still free from any ill-effects from it; but I shall leave all comment to others.

I know very little about rabies or yellow fever practically, but wish to offer the following suggestion as to their prophylaxis and treatment, for if I were bitten by a rabid animal, or had I a patient so bitten to treat, I should cauterize the wound, but I should, all the same, put myself or my patient upon arsenic in laxative doses, and continue the remedy at least three months, or if I had to face an epidemic of yellow fever I should take the same remedy in the same manner as long as I was exposed to the disease; and nothing but its failure would convince me that it would not prove prophylactic in both cases.

It does not require any great deal of professional prescience to infer that a plan of treatment that will cure even mild cases of malignant disease would also successfully meet that class characterized by the term, "semi-malignant;" also, in all chronic diseases of a non-malignant nature to which the remedy is applicable. I have found it much more efficient when given as above advised; in fact, it will be found capable of meeting successfully many cases that bid it defiance in the doses usually administered.

If a menstruating woman takes arsenic, the menstrual flow will be arrested. Experience must determine whether or not such cases are to be denied the benefit of the arsenical treatment. I know nothing of such cases from experience.

NOTES.

NOTE 1.—When the dose loses its laxative influence, some patients complain of depression, and often of cephalalgia. If severe, a dose of rhubarb may be given, and as soon as the bowels move the unpleasant symptoms generally cease, and the augmentation which must be made on the next morning will prevent any recurrence of these unpleasant symptoms until further increase of the dose is necessary.

NOTE 2.—Arsenic taken as directed is chiefly eliminated by the bowels. This was not found out by chemical analysis, but by a way almost as positive, if not as exact. There is a coleopterous insect common to Georgia which infests privies, barnyards and other places where fecal matter is deposited, and feed upon it. Now, when patients under arsenic relieve their bowels at such places these insects die by the hundred. I have noticed this so often that I cannot be mistaken as to the cause. That arsenic is also eliminated by other secretory organs, I know from the fact that if a nursing woman takes one-

eighth of a grain the bowels of the infant are as promptly affected as the nurse's, and I have for some years taken advantage of this fact by treatiug children for intermittent and other diseases, to which the remedy is applicable, by giving it to the mothers.

NOTE 3.—It is to be regretted that opium and its preparations are so obnoxious to the arsenical treatment, since almost all cases that are at all advanced find it necessary to alleviate their sufferings by them; but before even an attempt at a cure by the arsenical treatment is possible, all the preparations of opium must be wholly discontinued. Conium, hyoscyamus and belladonna can all be used with arsenic; but a dose of opium given to a patient under the arsenical treatment will act exactly as a poisonous dose of arsenic. M. Dewy gives the preference to conium. He says (in Med. Gaz. de Lyons, No. 52): "A properly made extract of conium will afford more prompt relief, and is preferred by cancer patients to any other remedy." I have nothing to offer from experience, and should try the conium if I had a patient requiring a narcotic, and I should discontinue even this as soon as the treatment rendered it possible.

NOTE 4.—Except the tallow. This patient, as well as the others which I have treated, was put on the best hygienic regulations possible. They were also directed to take the hot and cold bath just after taking the arsenic; and to take exercise in the open air: this last, the arsenic strongly disposes the patient to do.

I believe summer to be the best time to treat cancer, although some of my patients did well in the winter. I allowed my patients full diet, and to consult their appetite as to what was eaten, *when not manifestly improper.*

NOTE 5.—For convenience, I now use a syrup of arsenic, made by adding to boiling simple syrup one grain to the ounce.

CASE OF PHLEGMONOUS ERYSIPELAS.

BY T. M. BEATY, OKOLONA, MISS.

There are few diseases which have been, or could be, subject to more varied methods of treatment than Erysipelas. Before proceeding to discuss this case, I would say that I have been a subscriber to this popular journal for nearly two years, and have seen a great many diseases discussed at length. The only apology I can offer for troubling you with this case is that I would like to induce the members of the profession to give their views upon this subject.

I will try and present, briefly, a case in practice. I was called to see Annie F——. She was taken suddenly during the night, a week or more prior to my visit, with inflammation of the arm. The inflammation extended deeply into the different tissues, the skin, muscular and cellular substance. As it progressed, suppuration took place and destroyed large portions of the cellular and adipose tissues, above and below the elbow joint.

I am confident the sloughing was caused from high tension of the parts, produced by infiltration of serosity.

I first removed all sloughs; used for local application a solution of tincture of iodine and carbolic acid; left a purgative medicine, directed to be given until the bowels were thoroughly evacuated; prescribed belladonna, three drops of the fluid extract every hour.

The reasons that actuated me to try belladonna are, that under moderate stimulant doses the visible number of capillary vessels is increased; but, at the same time, the individual vessels undergo such a contraction that the amount of blood in the part is diminished instead of being increased. It is also claimed that its hypnotic effects are produced by the contraction of the vesels of the brain. It is impossible to give a clear and consistent rationale of the mode of action of belladonna; for it is like all other medicines which act directly through the nervous system. Small and large doses produce opposite effects. I found belladonna to be singularly efficacious in the relief of this most distressing disorder.

Now, gentlemen, this is a frequent disease and is very painful; if suppuration occur it is prolonged.

I have called your attention to it solely with regard to its therapeutics. It presents no difficulty in diagnosis, though very obscure in its pathology. In severe cases I believe that the treatment followed in this patient will give very satisfactory results. Therefore, I don't think the professional brethren ought to condemn it without subjecting it to a trial.

SEVEN COMMON SURGICAL FOLLIES.

BY JOHN B. ROBERTS, M.D., SURGEON TO ST. MARY'S HOSPITAL.

Read before the West Chester Medical Society, February 13, 1884.

In complying with the request of your committee, I shall offer, this evening, some criticisms on a number of prevalent surgical methods and opinions which I believe to be fallacious. If I cast and trample in the dust any idols dear to the hearts of my hearers, I trust they will receive my iconoclastic doctrines with the thought that my own folly has, in many cases, been my teacher, and that I do not attempt to force conviction upon the members of this Society with any other weapon than words.

If any one of you will watch with careful scrutiny any series of operations done for various lesions and by various surgeons, you will have frequent opportunity of observing the commission of the seven follies that I shall describe. Sometimes you will see a single operator committing nearly every one of them in as many minutes. I call them the ether folly, the incision folly, the sponge folly, the styptic folly, the suture folly, the adhesive plaster folly and the dose folly.

The ether folly is almost universal. Often have I heard physicians say of a patient, "He couldn't be etherized; I had to give chloroform." Now, the fault was not with the patient, but with the doctor. I doubt there being an individual or animal in the world that cannot be anæsthetized with ether properly administered. It must, however, be given in large quantity and with little air. If given in small quantity and with much air, as chloroform should be administered, the excitement stage will only be overcome with much difficulty and loss of time. When the napkin saturated with ether has once been placed over the patient's nose and mouth it should not be removed. As it becomes necessary to replenish the anæsthetic. let the etherizer turn up the corner of the ether napkin and quickly dash upon it a fluidounce of the anæsthetic; or let him pour it on the outside of the napkin, and cover this with a large, dry towel. To remove the napkin entirely from the face while the stoppel is being taken from the bottle and the ether slowly poured out is too ridiculous for credence; yet it is the usual method. During this interval the patient takes two or three inhalations of pure air, and thus neutralizes the effect of most of the ether previously inhaled. There is one symptom, however, that demands removal of the ether towel for a moment: it is the blue and congested face, due to spasm of the respiratory muscles, that often occurs soon after the commencement of etherization. When this is seen the patient should be given an opportunity to take *one* deep inspiration of air. The towel should then be immediately replaced. A tendency to retch does not indicate cessation, but continuance, of etherization, since a fully etherized patient never vomits. If food actually comes up into the fauces, the patient must be given a chance to expel it, lest a particle get into the larynx. This, however, takes but a moment, after which the ether must be quickly resumed. If the trachea becomes full of rattling mucus, the patient should be turned on his abdomen with the head dependent and the ether, perhaps, removed from his face for a moment until the mucus has an opportunity to escape from the mouth. I do not advocate giving ether carelessly, but I assert that it is usually given inefficiently. More danger is to be found in this long-continued inefficient etherization than in the prompt method I describe. To gain the patient's confidence, I get him to breathe deeply with his face covered with a dry towel for about a minute before pouring on the anæsthetic. Squibb's ether is in no way superior to that of other reputable manufacturers.

The incision folly is not quite as common as the one just discussed. Still it is often exhibited in both hospital and private operating. It consists in making a cramped cutaneous incision, instead of one sufficiently large to fully display the tissues needing examination. A cut of the skin three inches long is no more dangerous in itself than one two inches long. Indeed, in many cases it is less so, because the surgeon, having sufficient room to see, does not tear and stretch the underlying tissues so rudely; hence, less suppuration occurs and more rapid union is possible. In opening abscesses, as in general operating, a free cut is more satisfactory to the surgeon and more beneficial to the patient than a mere punc-

ture or button-hole incision. Let us keep from this folly, then, by using a keen edge and a free hand in making cutaneous operation wounds.

What I term the sponge folly is the habit of employing sponges for absorbing blood from wounds, when napkins or towels are always obtainable, and are far less liable to introduce septic material into the wound. Sponges, while too expensive to be thrown away after each operation, are cleaned with great difficulty. Servants and nurses, therefore, not appreciating the importance of thorough cleansing and disinfection, often neglect this duty. Hence, I prefer towels, and if I do an operation at a patient's house, always use clean towels obtained there. Thus I secure an almost certain immunity from purulent or septic dirt in the articles used for absorbing blood. Perfectly clean surgical sponges are the exception, but clean household towels are the rule. At the Polyclinic I use, for this purpose, to a considerable extent, Japanese paper napkins, which are thrown away after being once used. Absorbent cotton is too expensive for such uses, except to a limited extent, and besides has a tendency to leave filaments entangled in the wound.

The styptic folly is the commonest and most ridiculous of the surgical traditions of the present day. When occlusion of each bleedlng vessel by ligation, torsion or acupressure is not required (and it seldom is for arteries smaller than the facial), moderate direct pressure is all that is demanded. Styptics should not be used, because not needed, and because, in many instances, they impede union of the wound. After an operation let the surgeon tie the large vessels, wipe away the clots, put in the sutures, apply moderate equable pressure by compress and bandage, and he will have no need of hot water, alum, tannin or that vilest of all styptics, Monsel's solution.

The objections to styptics are these:

Their traditional reputation leads to their use when ligation, torsion or acupressure is needed. If they fail to arrest the bleeding, valuable time has been lost, and the pasty clots often formed by their use render isolation and ligation of the vessels difficult. Many styptics, though not all, delay union by irritating the cut surfaces and inducing suppuration.

In my hospital and college work, pressure and ligatures are the only hæmostatic agents I require. Indeed, pressure will often take the place of many ligatures. I recently excised an entire breast, with part of the great pectoral muscle, and only needed three or four ligatures. I have often, however, seen many unnecessary ligatures applied in such cases. In these days of absorbable ligatures, the practice is not as objectionable as in former years, when many long strings, to act as setons, were left hanging out of the wound.

The suture folly next claims attention. I do not refer to the erroneous opinion, long held, that sutures should not be used in the scalp. This tradition has been disproved so often that few surgeons would now hesitate to use sutures as freely in the scalp as elsewhere. What I call the suture folly is the adherence of many to the theory that silver wire only should be employed for sutur-

ing purposes. Nothing could be more fallacious. Do we use silver hare-lip or acupressure pins? Why, then, employ silver sutures, when iron wire is stronger and far cheaper? When large and gaping wounds require the sutures to stand much tension, silver wire, if used, must be very thick. Iron wire of much smaller diameter, and therefore much more flexible, gives an equally strong suture, and in addition to being better adapted to the purpose, is much cheaper. I recollect that, in hospital practice, nearly eight years ago, I discarded silver wire, which cost one dollar for each small coil, and bought, at a hardware store, enough iron wire for ten or fifteen cents to last many months. The nicest iron wire I have seen, and which I now use for the purpose, because it is strong, very flexible and free from elasticity, can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the small amount of oxide of iron upon it.

The adhesive plaster folly is common. You all have seen stumps, after amputation, enveloped more or less completely in strips of adhesive plaster placed between the sutures. Of what use are they? They obstruct free drainage, become softened and loosened by the pus, if there is much discharge, give more or less pain when removed, and do no good. If the flaps are properly made, the sutures correctly applied and the stump neatly and evenly bandaged, the adhesive plaster becomes useless, and is merely a disadvantage to the patient's comfort and recovery. Adhesive plaster has little or no value in surgery, except for making extension and preventing motion in cases of fracture.

I believe that operative surgery will be greatly improved as a scientific entity when sponges, styptics, silver wire and adhesive plaster are discarded in the dressing of wounds. If you have these articles for this purpose in your offices, I pray you to throw them away. They are needless, worthless and detrimental. It is our natural adherence to what is traditional that impedes progress in this, as in other branches of scientific learning. We need, indeed, a Leo and a Constantine to destroy these valueless relics of ancient surgical worship, as we need an Alexandrian fire to consume the thousands of worthless splints and instruments that are still described in surgical text-books to the confusion of the student and the damage of the community.

The dose folly is the last topic I shall discuss with you this evening. I should, perhaps, term it the *small* dose folly, for I refer to the practice of administering insufficient doses of medicines. This fault pertains, of course, to medical as well as to surgical practice. Nearly every year of my professional life leads me to increase the dose of some one or other of the articles that I am accustomed to use. Of what use is a sixteenth or an eighth of a grain of morphia to a man with severe pain? Give him a quarter of a grain or even a half, repeated if necessary, and he will soon be comfortable and thankful. Perhaps he will also pay his bill. The medical requirements of to-day are drugs and doses with inherent power. You can't lift a block of granite with a weak crowbar; neither can you cure agony with a debilitated dose of anodyne. So it is

with all other remedies. If any medication at all is required, give that which will do the work and do it promptly. A few large doses will dispel the symptoms and cure the patient, when months of nonsensical drugging with emasculated remedies will bring nothing but discredit to the practitioner and obloquy to medical science. I have spoken of morphia as a type, but the same remarks hold good concerning quinia, atropia, strychnia, digitalis, iodide and bromide of potassium, mercury, pilocarpia and, indeed, of all our remedies. Use the alkaloids or active principles in every case. Then you will know what you are giving, and you will soon learn that much larger doses are tolerated than is usually thought possible. Many physicians and surgeons fail to cure; not because of faulty diagnosis, not because of inappropriate remedies, but because of insufficient dosage.

I have, to-night, Mr. President, endeavored to convince the members of this society that much that is believed and practiced in surgery is false; that its only virtues are its hoary antiquity and its very general acceptance. I do not, however, condemn these opinions and methods because they are old, but because I believe them to be wrong. Old age is, indeed, to be revered, but its errors are none the less egregious. Devotion to traditional ideas has delayed the progress of scientific surgery very many decades. Painstaking investigation, accurate anatomical knowledge and common sense have uncovered and dispelled the folly of many of these surgical superstitions; and the seven follies just described, with many others that I might have discussed, will probably soon have few believers and followers. Let us hope that in small, as well as in great matters, surgical sense will soon take the place of surgical nonsense.—*Polyclinic.*

CALCIUM SULPHIDE IN THE TREATMENT OF DIABETES MELLITUS.

BY C. M. CALDWELL, M.D.,
Visiting Physician to St. Joseph's Hospital.

Within the past ten years so-called calcium sulphide has been recommended by several observers as a valuable drug in the treatment of diabetes mellitus. Dr. N. C. Husted, who was himself afflicted with this disease, made a complete and lasting recovery by using the drug in connection with appropriate hygienic treatment. The doctor has since employed it with satisfaction in other cases of diabetes.

Dr. Austin Flint, Sr., has prescribed the remedy, along with suitable diet, general management, etc., in several cases which progressed favorably.

Dr. C. H. Lellman gave sulphide of calcium with remarkably good effect in a single case occurring in his service at St. Francis's Hospital in 1880.

I have used the drug in only three cases. In one it produced no effect whatever. In the others, improvement began and re-

covery took place during the administration of the remedy.

The following are brief histories of the cases which ended in recovery:

CASE I.—Mr. H. B., aged sixty-five, an artist. First seen on February 20, 1883. For five or six years he had suffered from severe attacks of asthma, but, until within two years, his general health was good, although financial difficulties caused much mental depression and worry. During the past eighteen months he had noticed a slow, but steady increase in the amount and frequency of micturition at night. Dryness of the mouth and throat, with marked thirst, had gradually become very troublesome, and progressive loss of strength and ambition had been observed by his friends. By far the most prominent symptom, however, was his enormous appetite—as he expressed it, "he ate like a starving wolf, yet remained hungry night and day." Sight had not notably failed. There had been no cutaneous complication, and the bowels had remained regular.

Examination showed considerable pulmonary emphysema, slight bronchitis and marked anæmia. Skin dry. Extremities cold. Saliva faintly acid. Urine pale, acid, sp. gr. 1·042, and a strong sugar reaction with Squibb's Fehling's solution. A moderately strict "diabetic diet," daily out-of-door exercise, with iron and one-quarter of a grain of calcium sulphide five times daily, were prescribed.

February 22d.—Patient passed 185 oz. of urine to-day. Sp. gr. 1·038. Sugar abundant.

23d.—Passed 200 oz. Sp. gr. 1·040. Sugar abundant.

24th.—Passed 150 oz. Sp. gr. 1·040. Sugar abundant.

25th.—Passed 168 oz. Sp. gr. 1·038. Sugar abundant.

March 1st.—Patient's general condition has improved slightly during the past week. Appetite is less ravenous, and thirst not so intense. Passed 100 oz. Sp. gr. 1·036. Sugar abundant.

7th.—A steady improvement has been noticed in the more annoying symptoms. Night before last the patient had a severe attack of asthma, presumably due to an exacerbation of his chronic bronchitis, from which he is now suffering. Passed 69 oz. Sp. gr. 1·030. Sugar abundant. Ordered an expectorant mixture for bronchitis, and fluid extract of quebracho should asthma return.

14th.—Continuous improvement in the diabetic symptoms, but there were two attacks of asthma last week. Passed 63 oz. Sp. gr. 1·034. Sugar present.

22d.—Improvement continues. Amount of urine not ascertained. Sp. gr. 1·028. Sugar present.

April 2d.—Excessive thirst and hunger, with frequent calls to micturate, have ceased to annoy. An appreciable gain in flesh and spirits has taken place within two weeks. Passed 60 oz. Sp. gr. 1·020. No sugar.

4th.—Passed 53 oz. Sp. gr. 1·026. Trace of sugar.

15th.—For the past ten days the urine has contained no sugar, the sp. gr. varying between 1·020 and 1.030. The diabetic symptoms have subsided.

October 22d.—The patient was seen to-day for the first time in five months. During that period he has had no return of his

former symptoms. A specimen of his urine gave an acid reaction, sp. gr. 1·016, and contained no sugar.

CASE II.—Mr. S. S., aged twenty-four, leather dresser. Came under observation May 22, 1883. The patient had been healthy and fairly robust until about one year ago, when he began to lose flesh and strength, to have continual thirst, irregular appetite, flatulent dyspepsia, persistent constipation, repeated headache and backache, and frequent micturition accompanied by urethral smarting. There had never been chills or sweating during this period. The above symptoms continued, although much modified for a time by treatment. During the past four months a dry morning cough, occasionally accompanied by "stitch-like" pains in the right side of chest, with slight dyspnœa on exercise, had been added to the other symptoms. The young man gave no family history of phthisis, but his business had necessitated his remaining in a dusty atmosphere for many hours each day.

Physical examination showed consolidation of the right apex anteriorly, a considerably enlarged spleen, dry skin, with patches of eczema on the lower extremities and genital organs. The mouth and throat were red and irritated, but not particularly dry. Saliva neutral in reaction. Urine clear, pale, acid, sp. gr. 1·038, strong sugar reaction with Fehling's solution. A diabetic diet, cod-liver oil, iron, and sulphide of calcium in one-half-grain doses three times daily, were ordered. Also, a laxative pill and regular exercise in the open air.

May 23d.—Passed 165 oz. of urine to-day. Sp. gr. 1·049. Sugar abundant.

29th.—During the last five days the daily amount of urine passed has varied between 170 and 150 oz., the sp. gr. ranging from 1·040 to 1·035.

June 8th.—Slight improvement has taken place in his general condition. The diabetic symptoms are less annoying and the digestion markedly improved. Urine not measured. Sp. gr. 1·035. Sugar abundant.

15th.—Passed 70 oz, Sp. gr. 1·030. Sugar present. Patient is improving steadily.

21st.—Passed 72 oz. Sp. gr. 1·030. No sugar.

30th.—Urine not measured. Sp. gr. 1·025. No sugar present. Diabetic symptoms have disappeared, but evidences of the lung trouble are present to the same extent as formerly.

July 25th.—The urine has been examined frequently since the last note, and has always been free from sugar, but, as the symptoms and physical signs of lung consolidation did not improve, the patient was advised to start for Switzerland at once. He did so a week ago.

October 22d.—Nothing further has been learned concerning this patient.

It will be observed that in the first case improvement commenced in two weeks, but the sugar did not entirely disappear until six weeks after treatment was begun.

In the second case benefit was unquestionable at the end of

three weeks, and no sugar was detected after one month of treatment. The patient with whom calcium failed took the drug faithfully for one month.

Although calcium sulphide is certainly not a specific in diabetes, yet it seems worthy of a trial in persistent cases of this distressing disease.—*New York Med. Jour.*

FACTORS DECIDING THE SEX OF THE OFFSPRING.

Many a theory has been proposed—and exploded—concerning the conditions which decide the sex in the offspring. Those interested in the raising of horses, cattle, pigs, etc., have doubtless made a more practical progress in this question than physicians have done with regard to the human being. It is not rare to notice that a sheep-grower, for instance, will raise only ewes, if it is his intention to do so.

Recently, Dr. K. Dusing has studied the factors deciding the sex of the fœtus, and published (Centrlbl. f. d. Med. Wiss. 45, 1883,) an interesting article concerning his results; and as the subject has an undoubted vital bearing upon the propagation of the human race, we will not withhold it from our readers.

Fiquet made first the observation on cattle, that those animals that sexually were very much occupied produced more individuals of their own sex, and D. explains this by saying that the male whose genital apparatus is frequently used is provided with fresher sperma, so that fecundation ensues with comparatively young and active spermatozoa. In such a case more male offspring are produced; while a male whose sexual organs rarely perform their function will give rise to more female offspring because his spermatozoa are older, weaker. In the female the same holds good, the ova being earlier (fresher) fecundated, and a predisposition to the female sex takes place. As a natural consequence, it follows that the more there is a want of individuals of one sex, the more their sexual functions are required—the quicker, the younger their sexual product is made use of—the more members of that sex will be born. It is simply the law of nature to propagate the species.

The same effect as sexual over-exertion is also produced by deficient nutrition, if the same demands are made upon the genital apparatus. Weak bulls paired with vigorous cows produced invariably male calves, while weak cows paired with vigorous bulls gave mainly birth to female calves (Tellari and Fiquet).

Next of importance is the age. At the time of the greatest sexual power, the individual of each sex never transfers his (or her) sex to that of his (or her) offspring, or does at least much less so. In most human families there are, then, found the most boys if the husband is much older than the wife. (Hofacker, Sadler.) It shows the intention of nature to produce more individuals of that sex which threatens to die out; the weaker, the older the propagator, the more care nature takes to have his sex propagated.

Thus far the influences concerned one sex. In case the disturbances of nutrition affect both parties the rule holds good that where

there is a superfluity of nutrition the reproduction is stronger; where a want, it is weaker. The genital system is first influenced by nutrition. (Darwin.) But it is especially the female who is more dependent upon nutrition, probably because she has to care for the bringing-up of the offspring. The logical conclusion is, that in case of superfluity of nutrition more females are born; in case of want, more males. Thus Ploss found that in the same ratio as the price of provisions advanced, the number of male children increased. Or may not the cause be the following? It is the male that has to work hard; it is the male that suffers soonest by bad nutrition; the male, therefore, becomes soonest the weaker; therefore, the result.

Laudvis procured from thousands of very young caterpillars of vanessa urticæ males or females, whatever he preferred, by nourishing them either badly or well. In some of the lower animals, the females find their nourishment mainly in summer, the males in winter. In these more females are born in summer, the males in winter.

D. draws from these observations the conclusions: The sexual relation regulates itself by the property of animals and plants to produce that sex in greater numbers whose relatively greater augmentation is profitable for the propagation of the species. Even an anomalous sexual relation may benefit under special circumstances the propagation. The sexual difference may rest in the unimpregnated ovum (for instance, tendency of young ova to female sex), or the sex is determined at fecundation (young spermatozoa, males), or the nutrition (strength, age, food) decides.

Although these theories find an undeniable proof in observations and experiments made on animals (and some on human beings, also), we have to be very cautious in admitting their truth. Other factors, at present unknown, probably determine, besides those mentioned, the sex of the fœtus. It is even doubtful whether the latter is already definitely decided at fecundation, and whether later influences may not have their share in ordaining the sex.—*Med. and Surg. Rep.*

SALICYLIC ACID IN RHEUMATISM.

BY C. BARLOW, M.D., EATON, ILL.

In acute and subacute rheumatism I believe we have no more potent remedy than salicylic acid. My first experience with it led me to doubt its utility. I first administered it in a few cases in which I did not observe any beneficial results. In those cases I only gave five or six grains every three or four hours. I then increased the dose and gave it at shorter intervals, and the result was more satisfactory. About this time the subject came up for discussion before our medical society, and Dr. S. D. Meserve remarked that he considered salicylic acid just as much a specific for acute and subacute rheumatism as quinine is for malaria. He stated that in order to obtain satisfactory results it should be given

in sufficient doses, and at short enough intervals to bring the patient thoroughly under its influence. Then prolong the time between doses; but give enough to keep patient well under its influence until recovery is complete. He advised it to be given in combination with acetate of potash, as follows:

℞ Salicylic acid, }
Acetate of potash, } .....aa ʒ ij,
Water.....℥ jss.

M. S. Teaspoonful every two hours.

After a day or two he extended the time to three or four hours. In the above mixture there is ten grains to the dose. He stated that some patients would require fifteen grains every two hours at first. Now, I have adopted this plan of treatment in quite a number of cases and have not been disappointed in a single instance. The last patient I treated for rheumatism was a small boy. All the joints were affected from the hips down; also his wrists. It was a severe case, and was under treatment only about one week. Recovery complete. There was marked improvement in this case in twenty-four hours after the first dose was given. I had an attack of rheumatism, myself, in right knee, last spring, in which I tried the salicylic acid treatment. The inflamed joint was swollen and very painful. Temperature 103°, pulse 100. Took fifteen grains of the acid in solution with as much acetate of potash, every two hours during the first forty-eight hours, in two or three ounces of sweetened water. There was some improvement at the end of twenty-four hours, and very marked relief in forty-eight hours. I then lengthened the time between doses to four hours. Continued to improve, and on the fourth day I visited a patient six miles from home; atmosphere damp, and raining part of the time while on the road. Was taken worse before reaching home, and had to take morphine to relieve pain. Took the medicine two hours apart during the night, and was much better next day, when I took medicine four hours apart. Continued to improve, had a good night, and was much better next day until late in the evening, when I visited another patient, and was caught out in a heavy rain. I got wet and took another relapse that night; but two or three doses of the medicine two hours apart were aufficient to relieve urgent symptoms, and after a day or two more I was able to ride again. I now attended to my practice regularly, but experienced one or two more slight relapses, which were relieved by increasing the medicine as before. This attack lasted about three weeks, and afforded a splendid opportunity to test the efficacy of the treatment employed. Each relapse was promptly checked by increasing the medicine, and I believe that if I had avoided exposure the recovery would have been complete in a week or ten days. The only disagreeable effect I noticed from the medicine was a *tinnitus aurium* very much like that produced by quinine.—*Ther. Gaz.*

Cure for Stammering.—Reading aloud with the teeth closed, for two hours a day, is said to cure stammering.

ABSTRACTS AND GLEANINGS.

Tongue in Health and Disease.—Dr. A. W. Wallace condenses in the Midland Medical Miscellany Dr. Beale's remarks on the tongue, as contained in his admirable little work on slight ailments. A healthy tongue is best known by negative characters, rather than by what it is. In order, therefore, to define the healthy tongue, the following conditions are to be excluded: First, the creamy, white tongue, which denotes unremoved epithelium and metabolism of tissue in abeyance. Second, the furred tongue in which the papillæ are elongated, and to which the epithelium adheres in long threads; this tongue is characteristic of inflammation. Third, the pale, sodden tooth-marked tongue, which is indicative of anæmia. Fourth, the red tongue with enlarged papillæ, as seen in the "strawberry tongue" of scarlatina; the smooth and glazed, as in the "irritable tongue," which corresponds to the irritated mucous membrane elsewhere, as in the lungs from phthisis, or intestines from diarrhœa. Fifth, the dry, brown tongue, pathognomonic of the typhoid state, in which blood exudes and dries on its surface, the secretion of saliva being nil. Sixth, the aphthous tongue, which is often followed by "punched out" ulcers. This condition of the tongue is not particularly significant of any constitutional disturbance. It is more properly a local affection, and is to be treated with the chlorate of potash. And seventh, the red, fissured tongue, which is generally called syphilitic. Dr. Beale, however, says that this is not necessarily syphilitic, although he has found that the exhibition of the iodide of potassium, with or without small (1-32 of a grain) doses of biniodide of mercury, is the most successful treatment.—*Investigator.*

Rule for Reducing Dislocations of the Hip Joint.—Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inwards or outwards, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example: In the iliac and the sciatic dislocations, the toes point inwards; therefore, rotate inwards as far as possible, and afterwards rotate outwards. In the pubic and thyroid dislocations the toes point outwards; hence, rotate the limb outwards still more, and then inwards.—*The Polyclinic.*

Intestinal Obstruction Cured by Capillary Entero-Puncture.—Dr. Giulio Dozzi relates the case of an old woman, aged seventy, who, after eating a large quantity of watermelon and swallowing the seeds, suffered from obstruction of the bowels. Purgatives and injections had been tried with no relief. The meteorism was enormous. He determined to try entero-puncture, using trocar No. 2 of Dieulafoy's aspirator. Four punctures were made, two in the right iliac region, the third in the left upper

fourth, and the fourth in the left lower fourth. From three punctures issued an immense quantity of gas: from the fourth no gas, the trocar being plugged with fæcal matter. A dose of oil given the same evening procured four copious evacuations, and the patient made a good recovery. One of the punctures gave rise to a small abscess. In this case, peristaltic action was evidently prevented by the enormous quantity of gas, arising from the decomposition of the retained fæces.—*Gaillard's Medical Journal.*

A New Anæsthetic, Bromoform.—At a meeting of the Society of Physicians of Vienna Dr. Caj. Freiherr v. Horroch reported the results of some experiments with bromoform.

The bromoform was discovered by Lowig in 1832. It is prepared from the hydrate of bromal, by the addition of an alkali. It is an oily, colorless liquid with a pungent, ethereal and aromatic odor and a sweetish taste. It boils at 151° C., is soluble in warm water and ether.

The physiological action of bromal was first tested by Dr. S. Steinauer (Virchow's Archiv, May 19, 1870), who found that it relieved pain and produced sleep. He attributed the action in part to the formation of bromoform. The action of bromoform, itself, was tested by Dr. Horroch (Allgemeiner Medicin. Zeit., No. 3, 1884) in three series of experiments—first, by inhalation; second, by hypodermic injection; third, by giving it by the mouth.

In the inhalation experiments it was found that narcosis was easily produced in animals, the anæsthesia being complete, and the excitation stage short and of a mild form. After recovering from the anæsthesia the animals did not vomit and appeared well.

Hypodermic injections of one gramme of bromoform produced in large animals complete narcosis, lasting for an hour. During this time the temperature fell from 2° to 4° C.

The internal administration of bromoform in doses of one to one and one-half grammes produced sleep of several hours' duration.

The animals experimented upon were rabbits and cats, and the physiological effects upon these animals may be summed up as follows: The respiration is not notably affected. The pulse continues strong, regular and of ordinary frequency. The peripheral ends of the vagus retain their irritability. The blood-pressure is diminished. Reflex excitability is entirely abolished, and irritation of the sciatic nerve failed to effect any changes in blood-pressure. In very profound narcosis the cortical brain centres lost their irritability. The temperature of the animals sank in dogs 3.5° C., in rabbits about 4.5° C.

As to the value of bromoform as an anæsthetic in surgery, four experiments had been made upon adults in Professor Albert's clinic. Three men had been successfully anæsthetized. In these cases the excitation period had been short: the patients did not cry or struggle. The stomach was not disturbed. Children had been easily anæsthetized.

On the other hand, bromoform, as an anæsthetic, appeared to be milder than chloroform, and its vapors were somewhat irritating to the respiratory passages.—*Med. Rec.*

The Treatment of Hay Fever.—Mr. W. F. Phillips, of St. Mary Bourne, Andover, writes: It is just over five weeks since a lady placed herself under my care for the treatment of hay-fever, or summer catarrh—a very much better name. She had suffered severely for many years, and sometimes from the end of May to near the end of July, with little or no intermission, unless she kept indoors. Her mother, it is worthy of remark, was very sensitive to the odor of certain flowers, and was affected by some of them even to the extent of fainting. She was not subject, however, to summer catarrh.

Knowing how exceedingly unsatisfactory is the treatment recommended and practiced for this disease, as is sufficiently evident from the recent communications to the Journal on the subject, I sought for rational indications that might guide me to the selection of a remedy. I thought of the neurosis that seems to underlie most cases of this kind, and to constitute the essential cause or predisposition on which the disease depends; of the characteristic symptoms of the malady; the injection of the conjunctiva; the hyperæmia and hyperæsthesia of the nasal cavities; the excessive secretion of tears and mucus; and then I bethought me of a drug whose physiological action might indicate the possession of the power to control such symptoms. Belladonna was the drug that suggested itself at once, and I determined to give it a trial, all the more hopefully because I remembered how strikingly useful on similar indications, and by a parity of reasoning, I had often found it in ordinary conjunctivitis and simple catarrh. I began with the following prescription:

℞ Succi belladonnæ.....m xxiv,
Aquam ad.....ʒ iij.
Misce.

A teaspoonful to be taken every hour till relief is obtained. The medicine was taken without the production of any undesirable effect, and with very marked advantage indeed—an advantage that became still more evident and unmistakable, both to the patient and myself, when the dose was increased from one minim to one and a quarter (half a drachm in three ounces). Once, too, when the eyelids were especially tender, the patient was advised to use the mixture as a lotion to the affected parts, and this local application was found to be a most useful addition to the internal administration of the remedy. Repeatedly, when the symptoms of an attack had been allowed to begin, the patient found prompt relief after a few doses of the drug; the catarrhal affection disappearing first, and then the asthmatic; and on taking it regularly every day after the malady had been subdued, she has found, to her delight, that she can take her walks abroad through blooming grass and flowers without the least protection or precaution—a thing she had not been able to do before for years.

The patient, remembering, no doubt, the failure of past treatment, pronounces the remedy "a great success;" but, however satisfactory the case may be, it is, as far as I know, a solitary one, and, therefore, stands in need of confirmation and support.—*Brit. Med. Jour.*—*Chicago Med. Jour.*

Locality of Malaria.—We now proceed, says J. W. Dowling, M.D., in the Medical Investigator, to consider the peculiarities of malaria as to locality. Bartlett says: "With certain limited exceptions, it may be said to encircle the earth in a broad belt parallel with the equator; its northern and southern boundaries quite irregular in their disposition—now approaching to the line of the tropics, and now receding from it. The portions of this immense territory which are entirely exempt from periodical fever increase with the distance from the equator; while within the tropics and within the range of several degrees beyond them, these portions are confined mostly to geological formations, and to elevated situations. The particular regions most extensively and constantly the seat of malarial disease in its most malignant forms are low and wet lands situated in hot climates and covered with a rank and spontaneous vegetation—the flat wooded sea-coast, the interior swamps and marshes, and the rich alluvium of the deltas, and courses of the great rivers."

The poison known as malaria seems to emanate from the earth. It floats in the atmosphere, hovering near the surface of the earth, and undoubted evidence exists of its being carried by the wind from malarial spots to localities which would otherwise be entirely exempt from it—to a certain extent purifying the regions where it is generated.

It is more apt to be found in localities where the upper crust of the earth is moist and subjected to the action of the heat of the sun. In warm climates, wherever there is a subsoil of clay, or a rocky bed covered with a thin layer of soil, malarial diseases are almost surely to be found.

As a rule, wherever is found a fog which hovers but a few feet from the earth's surface, making its appearance with the setting of the sun, and gradually disappearing with its rising, malaria is sure to be present.

It is found also in localities entirely free from moisture, in some sandy regions, sandy to the depth of many feet, where there is no vegetation, but this is the exception.

It is affected by the temperature of the atmosphere—frost rendering it entirely inactive. Trustworthy authorities assert that after once being submitted to an atmosphere of or below the freezing point, it is not again operative in producing disease till it has been exposed to a temperature above sixty degrees Fahrenheit.

It is more active at night than during the day. Evidence has accumulated to prove that certain localities exceedingly dangerous at night are perfectly healthful during the day. Watson records an instance: "In 1836 the Phœnix, ship of war, was returning from the coast of Guinea. The officers and ship's company were perfectly healthy till they touched at the Island of St. Thomas. Here nearly all of them went on shore; sixteen of the number remained for several nights on the Island. Every one of them contracted the disorder, and thirteen of the sixteen died. The rest of the crew, consisting of 280 men, went in parties of twenty or thirty on shore in the day, and rambled about the island, hunting, shooting and so on; but they returned to the ship at night, and

not one of those who so returned suffered the slightest indisposition. Exactly similar events occurred the following year with the same ship at the same place, when she lost eight men out of ten who had imprudently remained all night on shore, while the rest of the ship's company, who, after spending the greater part of the day on shore, always returned to their vessel before night, continued in perfect health." These are but two of many examples of the same kind.

The fact that those remaining on ship-board did not contract the disease proves one of two things, viz., that the wind was not blowing from the land, or that water has the power of absorbing the malarial poison.

It has been conclusively proven that miasmatic atmosphere passing even over a small body of water becomes inoperative. The poison, hovering, as it does, near the surface, is undoubtedly absorbed by the water. Proof positive exists that water which has absorbed large quantities of malarial poison can impart intermittent fever to those drinking of the water so impregnated.—*Med. Investigator.*

How Typhoid is Spread.—An item in one of the New York papers states that a little local epidemic of typhoid fever in New Jersey had been traced back to the dairy of one of the farmers who supplied the town with milk. A case of typhoid in his house had been distributed in his milk throughout the entire neighborhood. It is not always that suspicions of the agency of milk in such cases are proved good. A notable case in point is the epidemic of last year in the upper part of New York Island, at Carmansville. This was at first attributed to one of the milk dealers, who was in consequence nearly ruined. But a thorough inspection by the Board of Health, who were at first completely baffled, finally traced the disease to an accumulation of water in the end of a sewer which had no outlet. The opening of the sewer ended the fever.

A case of more than usual interest in sanitary detection is reported by the Pall Mall Gazette. During August last the number of cases in St. Pancras Vestry, London, which usually has an average of 40 to 45, rose to 223, and the disease spread until 431 persons had been attacked, and 92 died. The sanitary police were called in. A map of the track of the epidemic showed that it was independent of the drinking-water, of the plumbing and sewerage, and of the locality. It was then found out that of the 431 who had been taken down, 368 obtained their milk from one man. Wherever this man's milk carts went the fever followed.

An examination of the premises of the suspected dealer was made without revealing the slightest cause for the origin of the typhoid there. But when his sources of milk supply were investigated, it was found that the houses that were infected had all been taking milk which he had procured from one place, a farm at St. Albans. One step further was gained when it was found that several of the railroad porters who had—as railroad porters will do when they have a chance—been taking drinks on the sly out

of this St. Albans milk had come down with typhoid. The farm was visited, and there was the fever raging among the residents, and being distributed from them to the distant homes in London.

The theory of the medical officer who performed this clever bit of detective work, as to the way in which the fever originated on the farm itself, is interesting. He noticed that the well and the cesspit of the farm were within twenty feet of each other. A sycamore tree overhangs both well and cesspool. Its roots spread as far underground as its branches overhead, and along them water could easily percolate from the pit to the well. The milk cans were washed in the water from the well, and in that way caught the contagion of the deadly filth which they transmitted through the milk into the blood of London.

The increase of typhoid in this country is probably an indication that we are losing the comparative immunity which the sparseness of our population and the newness of the country have hitherto given us from the contamination of our water supply by recklessness like that of the St. Albans farmer, which is as frequent in this country as in England.—*Eclectic Med. Journal.*

Treatment of Nævus.—A writer in the British Medical Journal says: Since 1861 I have treated all nævi projecting more than a sixteenth part of an inch from the surface in this manner:

The little operation is very simple. Wood's syringe, with a very fine needle, is the only instrument required. Sufficient tincture of iodine having been drawn into the syringe to fill the nævus, the needle is introduced through the skin at about a line from the circumference of the nævus, and passed to its center. The piston is propelled slowly home, so as to force the tincture into every part of the growth. This is facilitated by moving the point of the needle into every part of the nævus. On withdrawing the instrument pressure is made on the small punture for a few seconds, and the proceeding is complete.

I have practiced this treatment many times since the year 1861 with complete success. One injection generally succeeds; sometimes several are required. Usually a slight vesication occurs on the surface of the nævus, then a white spot or spots appear, which spread in all directions until the vessels are obliterated; a slight depression of surface alone remains. In two cases the action was more violent and more rapidly curative.

In a little boy who had a small thick nævus in the inside of the upper lip, five minims induced a sloughing of the growth, which shelled out, leaving a fine cicatrix. In a little girl, a nævus of the size of a filbert, situated in the left labium, sloughed and shelled out in a similar manner. In these two cases the abnormal structures could not bear even the gentle stimulus of the tincture of iodine, and so lost their vitality.

Vaseline Cerate, a Convenient Basis for Ointments Intended for Applications to the Eyelids.—Dr. Theobald, of Baltimore, read a brief paper on this subject, in which he stated that he had been using a cerate made of yellow wax and vaseline,

with much satisfaction, for several months, both in private and hospital practice, as a basis for ointments intended for application to the eyelids. It was made by melting the wax and vaseline together with a gentle heat, and stirring the mixture until it hardened, combining one part of yellow wax with four of vaseline, which proportion gave the ointment sufficient firmness, except, perhaps, in very hot weather, when the proportion of wax might be increased from one to three. Dr. Theobald also exhibited a specimen of ointment of the yellow oxide of mercury, containing two grains to one drachm of vaseline cerate, which, though prepared nearly four months since, and kept with no special care, still retained its bright-yellow color, and had undergone no appreciable change. He had been told that cerates prepared with vaseline were in use, but was not aware that attention had been called to the convenience of employing them in the manner suggested.—*New York Med. Jour.*

Rattle-snake Poisoning Treated by Potassium Permanganate.—Emil Bories, a student of medicine in Bellevue, reports the following in the Polyclinic: In the early part of May, 1883, the weather being very warm, a man, aged about thirty-five, was bitten in the calf of the right leg by a rattle-snake. He was stepping close to some loose rocks and heard the peculiar warning rattle of the snake, but, before he could recover himself, was struck. He was taken to his hut by his companion, who first killed the reptile and secured its rattles, which numbered seven, with the button. By the time I reached the patient, four hours had elapsed. I found him very pale, cold sweat covering his face and extremities, pulse slow and irregular. He complained that his sight was failing, and was in great pain. He had vomited several times. I examined the wound and found the leg badly swollen, presenting a very glossy surface of an erysipelatous nature, quite tender to the touch. The point of entrance of the fang was quite pale, while the surrounding surface was of a light red hue. I asked for stimulants, but none could be had. I had read that potassium permanganate had been used with happy results in cobra poisoning; I thought it would be well to try it here. I immediately injected about one-fourth of a grain into the wound and the same quantity into the arm, for fear that the solution injected into the wound would not be taken up into the circulation. I also gave him two grains by the mouth. Before leaving him I arranged matters so that he could receive two grains by the mouth and one-fourth of a grain injected every hour, alternately, but I had little hope for success. I was, indeed, much surprised, on visiting him next morning, to find him looking well, his pulse full and regular, his eyesight good, his appetite fair, and the swelling diminished nearly one-half. However, I made a poultice of meal, mixed with a small amount of aqua ammoniæ, and told him to take half a dram of aromatic spirit of ammonia every three hours, continuing the use of the potassium permanganate by the mouth, but discontinuing the injection. On the following day he was much better. I then discontinued all but the permanganate, which was to be

taken every three hours, keeping the wound moist with about ten per cent. solution of ammonia water. The fourth day he was out and at work of a light nature.—*Med. Herald.*

A New Form of Eye Bandage.—Peschel (Arch. f. Augenheilk., xii, 4) has invented a new variety of bandage for the purpose of applying a continous bath to the eye, hoping thus to obtain as complete disinfection as possible. He has a sort of rubber mask constructed, which can be applied, water-tight, to the face below the eyes, against the temples, and over the nose, by means of a flexible metallic bow or arch, and an air-bag beneath it. This mask is open upward toward the forehead, and in a sitting posture the patient can thus keep the eyes continually immersed. This mask-bandage is constructed of three shapes: for the right eye, for the left eye, and for both eyes. Since September, 1882, Peschel has employed the apparatus in a great many cases, partly to destroy certain organisms already present, and partly to prevent their introduction from without; and the results have been most satisfactory. —*N. Y. Med. Record.*

Horrible Hiccough Cured.—Doctor Ruhdorfer, in the Allgemeine Wiener Medizin. Zeitung, No. 38, reports a case of hiccough lasting three months, which morphia, hypodermically, could only check for a few hours or days. It resisted all the usual remedies. The patient dragged on three months under various remedies, morphia being administered whenever an attack lasted beyond eight hours. But at last the attacks became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnea and cyanosis, and the head was jerked in all directions; the pulse was small and frequent; the neck was distended. Remembering a case in the Revue Medico-Chirurgicale, Dr. Ruhdorfer injected a solution of pilocarpine hydrochlorate (three centigrams in a gram of water.) The hiccough was at once cured, as if by magic, and has never returned since.

Prof. Parvin says he believes Negroes to be very fond of musk, and asked for investigation on this point by members of the class. A pharmacist of very large experience in the South writes that he once kept a record of perfumes sold to Negroes, and that nine-tenths of them bought musk, and the other tenth citronelle, the latter being sold to the lowest class. He says they are excellent judges of musk in pods, and are hard to deceive.—*Col. & Clin. Record.*

[The musk of the Negro is native to the animal himself.—*Ed. Record.*

Flatulence.—In flatulence, Dr. Bruen prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food and the mineral acids with meats should be directed to be taken immediately after meals.—*Med. Summary.*

Sciatica and Lumbago—Injection of Sulphuric Ether.—Mr. J. B. James, in the British Medical Journal, says: The successful results I have invariably found attending this system of treatment, which I have adopted for the last four years with my rheumatic patients, have decided me to give publicity to the course from which I have seen so much benefit derived. Its plan is simple enough. After preliminary dry cupping over the seat of lesion, I inject subcutaneously ten minims of sulphuric ether, gradually increasing it till I have injected thirty minims (assuming I find no marked progress in the course of a week of treatment above named.) I have found it advisable to precede this by a brisk purgative at the outset, and to administer a mixture containing five grains of salicylate of soda in an ounce of infusion of gentian every two hours, concurrently with internal and external applications. In not one case have I yet found this curative system fail; but in about a week's time, usually, the patient is cured. Sufferers from lumbago have come to me nearly bent double with pains in the lumbar region, and have walked away erect and free from their distresses after dry-cupping. I have seen sciatic patients come in limping, and go out free from the least indication.

I can especially instance the case of one patient, an old man, who had been the round of all the London hospitals. to no avail, for nine years previous to his consulting me. He had been given up by all as a hopeless case. On my asking whether he was willing I should try a method of treatment on lines hitherto unattempted, and on his consenting to the same, I pursued the subcutaneous injection already described until I attained the administration of a drachm of sulphuric ether. Marked improvement followed this course, which, however, I was obliged to suspend, owing to the formation of a hard cicatrix over the seat of the sciatic nerve. Nevertheless, after this was removed, the patient ultimately found himself completely recovered, and during the five years which have elapsed since he first came to me, he has sustained but one attack of sciatica of a very slight character.

I sincerely hope these few remarks on my own practical experience of this system of treatment of cases, the persistency of which so frequently baffles the efforts of the most experienced practitioners, may prove of some practical utility in similar cases. —*Brit. Med. Jour.*

Ferry-boat Amenities.—A Chinaman came into the ladies' cabin on the ferry boat and took a seat beside an Irish market woman. He seemed to want to make himself agreeable, and, rubbing his hands, remarked: "Belly cold." The woman looked at him with an air of contempt and replied: "If you'd put your shurt inside yeur pants, your belly wouldn't be cowld, you haythen blaggard."—*Ex.*

A Boarder complained that things were too slow around the house, and informed the landlady that he would like to dynamite earlier.

Prof. S. W. Gross (College Record) thinks that carbolic acid, in any safe solution, is not active enough to kill germs. For the antisepsis of opened lumbar abscesses he recommends the bichloride of mercury solution, one part in a thousand.

Novel Mode of Bleeding.—The latest mode of blood-letting is given in a late number of the British Medical Journal by Dr. Charles Coppinger, who relieved a serious cerebral congestion by introducing the aspirator needle into the external jugular vein and abstracting at first four ounces of blood, and half an hour later six ounces more. The patient was a fat and plethoric lady fifty years of age.—*Jour. Amer. Med. Assoc'n.*

To Prevent Abscess.—Dr. Makune (Brit. Med. Jour.) says: "In cases of threatening abscess I have found a combination of iodide of potassium with cinchona a valuable remedy. I may say that Indian women use the fresh leaves of datura and a species of stramonium as antigalactagogues, and castor-oil plant leaves as a galactagogue.

Effect of Pilocarpin upon the Hair.—Dr. Prentiss (Louisville Med. News) says: I have had one decided case in which persistent local application of pilocarpin has stimulated the growth of the hair in alopecia.

As to change of color, several circumstances must combine to produce that effect, namely: (1) The hair must already be light or blonde; (2) the medicine must be given in full doses; (3) it must be long-continued.

Evidently, by referring to the effects produced by the medicine in my case, no one is likely to use it for the purpose of coloring the hair, and most cases that call for such use of the remedy as a medicine are fatal in a short period.

Death from the Self-Administration of Chloroform.—Another death has again shown the fatal danger which attends the self-administration of chloroform. Last week an inquest was held respecting the death of Walter Woodcock Wilmot, a medical student, aged eighteen years, who was found dead in bed in his father's house, with a bottle containing chloroform in his right hand. Evidence showed that death was due to the inhalation of chloroform, and that the deceased had long been in the habit of employing the anæsthetic for the purpose of inducing sleep.—*Brit. Med. Jour.*

Asthma.—Dr. Greensword (in Med. Summary) says: Nearly twenty years ago a friend suggested the use of one part of the oil of peppermint to three of alcohol as a substitute for the belladonna, and I have used it successfully ever since. I afterwards thought that it would, if inhaled, take the place of the fumes of the nitrate of potash, or the burned paper saturated in that salt, so highly prized by some, and I find it does so, and does the work better than the nitrate of potash. This same treatment is also excellent in pleurisy.

SCIENTIFIC ITEMS.

Electro-generative Torch or Candle.—Dr. Brand, of La Rochelle, France, has an electro-generative torch or candle, which yields a current of electricity in the act of burning. It is prepared by making a paste of coal dust and molasses and molding it into a stick, which serves as the inflammable wick of a candle. This rod is then covered with asbestos in a thin sheet, and dipped into fused nitrate of potash until a good thick coating of the nitrate adheres. The wick being ignited, it burns away and a current of electricity is drawn from the candle by wires inserted into the nitrate and the coaly wick. Though this current is comparatively feeble, and not as yet of much practical value, the discovery is important as showing the possibility of electro-generative fuels. —*Home Health.*

A Pocket Steam Heater.—Connecticut has been the birthplace of many novel inventions, but the device which the New Haven News describes as having been recently produced by a Bridgeport professor is surpassed by none of them in originality and daring. . The paper referred to says of this invention, called the "portable body steam heater," that the apparatus is a small affair, consisting of a copper boiler, under which is a diminutive lamp, all incased in a nickel box, and balanced something like a compass, so that, no matter what position the outside box is in, the boiler and lamp will always remain in the required vertical position. The entire apparatus is so small that it can be carried in the pocket. After the lamp is lighted, the water in the boiler is heated and circulated through rubber tubes, which run down the legs, around the ankles, up around the back, and back to the boiler. The circulation of the warm water keeps the body warm on the coldest day. A safety-valve and escape for a higher pressure of steam than the affair is allowed to carry flows off at the back of the wearer's neck. Elaborate heaters are being constructed for ladies' wear. They can be worn inside the bustle, and entirely obscured. Before going out of the house the lady's maid can light the lamp, which, by the way, is gaged to run six, eight or ten hours, and "my lady" walks out under a full pressure of steam, and warranted to keep warm during the promenade.—*Mechanical News.*

Electric Headlights.—The Wooley Locomotive Headlight Company have had perfected an invention for lighting headlights by electricity, the machine furnishing power therefor being placed on the engine opposite the air brake. The company have gone largely into the manufacture of electric light for cars, bridges, stations and tunnels. [At the rate the use of this invention increases, it seems that it will shortly be numbered among our household necessities.—*Ed.*]

New Process for Making Dynamite.—Although Dynamite is less dangerous to handle than nitro-glycerine, its preparation, involving, as it does, the nitration of the glycerine, is not less easy, nor is it safer. When the glycerine enters the mixture of nitric and sulphuric acid, the reaction takes place with such violence as to produce a large amount of heat.

According to the Polytechnisches Notizblatt, a much safer method is now in use by Boutmy & Faucher in their powder works. Here the operation of nitrating takes place in two stages. The glycerine is first converted into a sulpho-acid by the action of strong sulphuric acid. An acid mixture is prepared separately from equal parts of nitric and sulphuric acid. The two liquids are then mixed. The sulpho-nitric acid absorbs nearly as much heat in liberating the glycerine from its combination as is formed by its combining with the glycerine; hence, it acts as a refrigerant to keep it cool, and the process is not attended with much increase of temperature.

In the new process the nitro-glycerine is not formed so suddenly as in the old way, but slowly and steadily, settles rapidly, and can be easily washed, while the yield, it is claimed, is greater. Nevertheless, Boutmy & Faucher have taken every precaution to avoid explosions and to protect the workmen from fumes.—*Druggist's Circular.*

Electricity in the Slaughter House.—Mr. George L. Fox, of London, has devised an apparatus for slaughtering animals by electricity. We find the following description of it in an exchange: The animal to be killed has first the top of its head and its feet and its legs wetted with salt water. It is then led into a stall, and made to stand upon an iron plate connected with the negative pole of a condenser of a capacity of about one hundred microfarads. The operator then touches the animal's head with the positive pole, and it falls dead. The death is believed to be painless, because physiologists have demonstrated that a nervous vibration cannot be communicated to the brain in less than the tenth of a second, and another tenth of a second must elapse before a sensation can result from the vibration thus communicated. One-fifth of a second must, therefore, necessarily intervene between the actual infliction of an injury and the experience of pain from it; but the flash from such an apparatus as has been described, presumably paralyzes every fragment of a nerve in man or beast in something like a hundred thousandth part of a second. It is said that, for about two thousand five hundred dollars, such an electrical apparatus as is here alluded to may be fitted up in any stable or outhouse, and that it will kill as rapidly as animals can be placed in position and taken away again.—*Pop. Science News.*

Rainfall in New Mexico and California.—Statisticians say the smallest annual rainfall in this country is in New Mexico and California, 13 and 18 inches each; the highest in Oregon and Alabama, 49 and 56 inches.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

To Produce Hilarity.—The following formula is claimed, by a writer in a French journal, to produce a marked exhilarating effect upon females, causing, in some instances, excessive laughter:

℞ Tinc. Ergot.....*m* 75.
Sol. phos. soda (10 per ct.).....*m* 225.

Mix in about two ounces of sweetened water and give at a single dose on an empty stomach.

The effect of this dose upon a male is said to cause a severe headache.

Treatment of Typhoid Fever.—Dr. Q. C. Smith, in Journal American Medical Association, says: For several years I have used a prescription for typhoid fever somewhat as follows, and have been much pleased with it. Almost all of my typhoid fever patients recover, though I have no hospital practice.

℞ Sugar, Gum arabic, Spts. turpentine, aa.....ʒ j,
Syr. ipecac.....ʒ ij,
Iodide sodium.....gr. x,
Cinnamon water, q. s. ft.....ʒ ij.
ft. sol.....

S. Teaspoonful every two to four hours.

Sponging with warm or cold water is grateful. Small doses t d. of quinine in some cases, sub. nit. bismuth and salicine to check diarrhœa, about cover the drugs used.

Good soups, fresh fruit juices, as from baked apples and their well-cooked pulp, and orange and lemon juices, and sometimes liquid lactopeptine t. d. after nourishment, a teaspoonful. Fruit juices are too much neglected in fevers.

Change body linen every twenty-four or forty-eight hours; bed linen every forty-two to seventy-two hours.

German Anti-Spasmodic Mixture.—The following prescription is taken from the German pharmacopœia, and is much used as an anti-spasmodic in hysteria.

From fifteen minims to a half-drachm or more may be administered in a potion, or by enema two or three times daily.

The dose may be increased when the convnlsive accidents are of great intensity:

℞ Tinct. asafœtidæ.....ʒ ss,
Tinct. castorei.....ʒ ss,
Tr. opii.....ʒ j.

M.

—*Med. and Surg. Rep.*

A New Injection for Gonorrhœa.—This sedative and antiseptic injection may be used even in the acute stage with good results. It is claimed to be superior to any other single injection:

℞ Pulv. iodoformi 20,
Acidi carbolici 10,
Glycerini 80,
Aquæ destillatæ ..... 200.
M. —*Campana.*

Formulas.—Dr. Q. C. Smith sends the following formulas to Texas Courier of Medicine:

Gonorrhœa Injection—

℞ Bichloride hydrag ..... gr. ¼,
Mucilage acacia ..... ℥ j,
Aqua dist. qs. ft. ..... ℥ iv.
M. Ft. sol.
S. Two syringefuls just after each urination.

Deodorized Iodoform—

℞ Iodoform, in fine powder ..... dr. ij,
Tanic acid ..... dr. j,
Balsam Peru,
Oil sassafras,
Oil roses,
Oil camphor,
Oil eucalyptus, } ..... aa gtt. drops iv,
M. Ft. powder.
S. Put in vial.

Gonorrhœa injection—

℞ Mur. hydrastina,
Chloral hydrate,
Sulph. quinine,
Sulph. morphia, } ..... aa gr. j,
Aqua dist. qs. ft. ..... qs. ft. ℥ viii,
M. Ft. sol., add:
Sulphurous acid ..... dr. j,
M. Ft. sol.
S. Two syringefuls just after each urination.

Chloride of Zinc in Gonorrhœa.—Lloyd's choice of chloride of zinc in gonorrhœa was based on his conception of the affinity it has for albumen. His formula:

℞ Zinci chloridi ..... gr. j,
Aquæ puræ ..... ℥ j.
M. Sig. To be used as an injection every eight hours. In addition the perineum and penis are to be bathed frequently with tepid water.

We use the injection as often as six times a day, directing the patient to micturate before each injection.

EDITORIALS AND MISCELLANEOUS.

☛ Many subscribers are in arrears for subscription. Friends, *please settle at once*, and oblige

R. C. WORD,
Managing Editor.

SEE the interesting advertisement of J. S. Pemberton & Co. in this issue.

SEE the new advertisement of that nice preparation of T. B. Wheeler, M.D.

HARTER'S IRON TONIC.—See the advertisement and special notice in this issue of the above excellent preparation.

THE AMERICAN MEDICAL ASSOCIATION meets in Washington, D. C., on the 6th of May instead of the 1st, as stated in our last.

THE MISSOURI STATE MEDICAL ASSOCIATION is appointed for May 5th, 1884, at Sedalia.

THE ARKANSAS MEDICAL SOCIETY meets in Little Rock on Wednesday, April the 30th.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS will convene in Washington on May the 5th, in Medical Hall, S. E. corner of Sixth and F streets, at eight P. M. Dr. L Connor will deliver the Annual Address. Subject: "The American Medical Journal of the Future."

AMERICAN MEDICAL ASSOCIATION.—Arrangements for reduced fare to the Association are being made with all railroads leading to Washington city. Parties desiring information are referred to Dr. D. W. Prentiss, of Washington, D. C.

THE PRIZE ON ANATOMY presented by Prof. W. P. Nicolson at the late Commencement of the Southern Medical College was, in some unaccountable way, overlooked in the proceedings of that interesting occasion as published in the last copy of our Journal. The recipient of this honor in this, the most difficult and important of all the text-books, was D. W. S. BRADLEY, of Adairsville, Ga., who stood very high, also, in other branches, and is a young man of fine promise.

MEDICAL SCHOOLS OF LOUISVILLE, MEDICAL EDUCATION, ETC.

A somewhat bitter and vituperative quarrel has, for some time, been going on between the Louisville Medical College and the University of Louisville. Dr. D. W. Yandell, of the latter school, charges the former school with bad faith in respect to her obligations to other schools, and disreputable methods in

obtaining pupils. The Louisville Medical College retorts with like charges against the University, as of persuading students from the Louisville Medical College by "unworthy arts and misrepresentations," etc.

It is certainly to be regretted that such quarrels extst between institutions of high position. We know that when a party is assaulted a reply is expected, and that a conflict commenced is not likely to terminate without engendering bad feeling and animosities that many years will not efface. But it is mortifying to the profession that snch feuds are sprung, and the more so that there seems to be cause for it. Where the chief fault is to be found, or whether or not both are involved, the public will probably soon ascertain, as the parties to the conflict will freely ventilate the facts in the case. At all events the effect must be to lower the dignity and weaken the influence which the Louisville schools have heretofore maintained.

There is reason to fear that the competition between schools has led to serious abuses on the part of many institutions North and South. The honest schools—those which are seeking to elevate and ennoble the standard of the Profession—are placed at a great disadvantage by the unfairness and unprofessional methods of their competitors; and so little is understood of these things by the Profession and the public, and so little discrimination is made by students as between the true and the false, that great discouragement prevails among those who desire to remove the unprofessional methods which are practiced by competing schools.

The fact that no impartial arbiter exists, to whom such controversies may be referred, is unfortunate. Our state societies are too often run by cliques and rings to be relied upon to adjudicate such matters. The American Medical Association would be the better tribunal for such cases, and no higher or more important movement for reform could be instituted by the Profession than to invest the American Medical Association with such degree of authority and supervisory action, in respect to medical schools, as would correct the evils which, like a cancerous sore, are slowly but surely lowering the standard of education, corrupting the honor, and seriously striking at the very vitals of the Profession.

In certain of the European Governments the strong arm of the law removes all these difficulties by endowing the schools, requiring a preliminary examination and stipulating the conditions upon which diplomas are to be granted. Were our schools limited in number to one in a State, and the professorships endowed, thus removing all pecuniary incentive to secure large numbers of matriculants, and all students were required to go before an independent and salaried State Board of Examination, the evils now complained of could not exist, and the Profession would hold a position of honor, worth and dignity preeminent to all other callings in life. W.

MEDICAL ASSOCIATION OF GEORGIA.

The Medical Association of Georgia held its 35th Annual Meeting in Macon on 16th, 17th and 18th of April, 1884.

The address of welcome was eloquently delivered by W. F. Holt, M.D., of Macon, and responded to by Dr. L. B. Alexander, of Forsyth, on the part of the Association, in appropriate and beautiful language.

This was followed by the address of the retiring President, Dr. K. P.

Moore, of Macon, which was in good taste and highly complimentary to his successor, Dr. A. B. Calhoun, of Atlanta, who, on assuming the Chair, delivered an able and interesting address on the subject of "*School Hygiene, in Relation to its Influence on the Vision of Children.*"

Dr. J. P. Logan, Chairman of the Committee on Inebriate Asylum, reported that he had been uuable to obtain any encouragement from the Legislature on the subject.

Dr. H. V. M. Miller made some remarks, as Chairman of the Committee on Expert Testimony, unfavorable as to the hope of obtaining any legislation in respect to it, as also of the matter of anatomical procurement. The committees were, however, continued, and the duties recommitted.

Dr. Eugene Foster, of Augusta, presented touching tributes in honor of the following deceased members, to wit: Dr. E. W. Hunter, of Louisville, Sterling Eve, of Augusta, J. M. Carlton, of Athens, and L. D. Ford, of Augusta.

The Committee on Prize Essays reported no papers presented worthy of the prize, and the fund in hand for this purpose is held over and the Committee instructed to continue the offer, narrowing the essays to two or three subjects.

SECOND DAY.

The regular committees from the several districts reported only in part. The following only reported:

Dr. V. H. Talliaferro, Gynecology.
Dr. N. P. Jelks, on Praetice.
Dr. A. C. Perry, on Practice.
Dr. W. B. Roberts, on Surgery.
Dr. J. G. Gerardent, on surgery.
Dr. R J. Nunn, on Gynecology.

Volunteer papers were presented by the following gentlemen: Drs. T. S. Powell, Jno. Thad. Johnson and A. G. Hobbs, Atlanta; H. J. Williams, Macon. J. M. Hall, Augusta; Eugene Foster, Augusta; J. P. Stevens, Macon; W. B. Parks, Atlanta; J. W. Flanders, Wrightsville; H. McHatton, Macon; H. F. Scott, Atlanta; N. G. Gervenner, Macon; F. Ekland, of Stockholm; E. G. Ferguson, Macon; C. W. Hickman, Augusta; J. M. Gastonn, Atlanta; T. M. McIntosh, Thomasville; H. V. M. Miller; W. O. Daniel, Ballards.

Considerable discussion was had in reference to reducing the initiation fee from $3.00 to $2.00, upon which a special committee was appointed to report at next meeting, consisting of Drs. Bizzell, Nunn and Talliaferro.

The banquet was held, on the night of the 17th, at the Brown House, in which Macon hospitality was well illustrated. It was a sumptuous and brilliant affair, more than a hundred doctors being present.

Much hilarity and good feeling prevailed. The following toasts were drunk:

The first toast was "The Medical Association of Georgia." Responded to by Dr. A. W. Calhoun. The Doctor spoke of the sometimes ingratitude of the world of people toward physicians, and concluded with a compliment to Macon and the reception accorded the Association.

The next toast was, "The National Board of Health."

"The Nation that guards her people's health,
Adds to herself both power and wealth."

This was appropriately responded to by Dr. H. V. M. Miller, of Atlanta.

The next toast was to "Hygeia."

"Onward she moves! Disease and Death retire,
And murmuring demons hate her and admire."

This should have been responded to by Dr. Taliaferro, but that gentleman was not present.

The next toast announced was "Our Medical College."

"A little learning is a dangerous thing.
Drink deep or taste not the Pierian spring."

Responded to in a happy manner by Dr. W. P. Nicolson, of Atlanta.

The toast to "Our Literary Colleges,"

"Learning by studying must be won—
'Twas ne'er entailed from sire to son,"

was responded to by Dr. A. J. Battle, of Macon.

The toast to "Woman,"

"Best gift to man from Heaven above,
Whose mission here on earth is love,"

was responded to by Dr. McIntosh.

The officers elected for the ensuing year are as follows:

President—Dr. Eugene Foster, of Atlanta.

First Vice President—Dr. I. B. Roberts, of Sandersville.

Second Vice President—Dr. W. D. Bizzell, Atlanta.

Same Committee on Publication continued.

As we go to press, we have not yet obtained the names of the various committees which were appointed. We have the following from the Fifth District:

Section on Practice—W. D. Bizzell, J. S. Todd, W. A. J. Anderson.

Section on Surgery—W. P. Nicolson, R. H. Taylor, H. F. Scott.

Section on Gynecology—J. G. Earnest, T. K. Mitchell, G. H. Noble.

The next meeting will be at Savannah on the 3d Wednesday of April, 1885. The Orator appointed for the occasion was Dr. J. B. Baird, of Atlanta. The local Committee of Arrangements at Savannah are Drs. Thomas, Reid, Charlton, Duncan and Le Hardy.

The editors of this journal were both unavoidably absent from the Association, but from friends who were present we are assured that it was in all respects the most pleasant and most profitable meeting which has been held for many years.

EDITORS OF THE RECORD: Sirs, I was disappointed in not meeting one or both of you at the State Medical Association. We had a very pleasant time upon the whole. Indeed, I must say that it was a decided improvement on the average meetings of the Society, and I think the next book of transactions will be the largest and best that has been issued for many years.

There are some matters that I think ought to be discussed at these meetings that are usually overlooked or evaded. Certain things are tolerated which seem to work to the interest of some, and to the detriment of others, in the profession. The profession at large is deeply interested in the matters referred to, and, if you will permit me to do so without appending my signature, I will propound a few questions which I promise will not be personal or offensive, but which look alone to the general good of the profession.

To the above note from a respectable medical friend, we reply that our pages are always open for the discussion of any question of interest not personal or offensive, and which looks to the general good of the profession. As to appending his signature, that is discretionary, though the name of the writer must be known to the editors.

NEGRO COLLEGE AT NASHVILLE.

The Colored Medical School at Nashville had its eighth commencement on 21st February, and turned out eight graduates. The order of exercises were a little peculiar, as might be expected—first, a salutatory address; second, a valedictory; third, an address to the graduating class; fourth, degrees conferred, and two or three other addresses, all, we suppose, by gentlemen of color, as the account which we have read of the exercises do not state the color of the speakers. The programme was also interspersed with an occasional hallelujah song. The school is called The Mehary Medical College, and has thus far graduated forty-five colored M.D.s.

BOOKS AND PAMPHLETS RECEIVED.

Drugs and Medicines of North America, a Quarterly devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of North America, their Constituents, Products and Sophistications. J. U. Lloyd, Commercial History, Chemistry and Pharmacy. C. G. Lloyd, Botany and Botanical History. Cincinnati: J. U. & C. G. Lloyd, 189 Elm Street, 1884.

The above work, when complete, in accordance with the design of the authors, will certainly cover a wide and important field. The writer promises to "give credit irrespective of persons or prejudices," and to "search the literature of all schools of medicine, regardless of antagonism among them," "regarding the Medical and Pharmaceutical Professions as two great bodies laboring for a common purpose."

The objects and purpose thus expressed will not be objected to by progressive men in the Profession, but will be encouraged by all who desire to see our knowledge enlarged in the Materia Medica and to have placed upon record, in compact and accessible shape, all that is known of the medicinal plants of North America. The undertaking is certainly a great one, but much confidence in its successful accomplishment has been expressed by those best acquainted with the ability of the authors and their facilities for performing the work.

Use of Peroxide of Hydrogen in Diphtheria. By R. J. Nunn, M.D, Savannah, Ga., Physician to the Female Department of the Savannah Hospital. New York: Printed by H. A. Vonneidshutz, 69 Pearl St. 1884.

Medical Symbolism.—By T. S. Sozinskey, M.D., of Philadelphia. Reprint from Medical and Surgical Reporter.

Annual Address delivered before the American Academy of Medicine at New York October 10th, 1883, by Henry O. Marcy, A.M., M.D., President of the Academy.

Moral Insanity—Psychosensory Insanity.—By C. H. Hughes, St. Louis. Reprint from Alienist and Neurologist.

Fifth Annual Report of the Board of Health of the City of Atlanta, for the year 1883.

Fifth Biennial Report of the State Board of Health of Maryland, January, 1884.

RECEIPTED.

1884.—Drs. L. W. Coleman; J. H. Boggan; J. J. Groover; W. E. Courson; John H. Owings; Louis Hadden; R. S. Powell to January, '85; T. L. Quillian; B. F. Duke;
1883.—T. T. Seals; James R. Wiley; Thomas Sayers; Evan Williams; J. I. Moon; S. A. Moore; K. K. Small; L. N. Raines.

SPECIAL NOTICES.

Dr Harter's Iron Tonic.—This medicinal preparation is one out of a thousand of the proprietary kind placed before the public which has what it claims, "intrinsic merits," and does afford relief in diseases like dyspepsia, general debility, and many kinds of disorders peculiar to females. It has received the endorsement of hundreds of people of good standing throughout the country, and should it sometimes fail to effect a cure, it may be taken without deleterious results. It has become a staple medicine with druggists. One or two bottles, used in season, may save a heavy bill from the family physician.

"DR. McARTHUR'S COMPOUND SYRUP OF HYPOPHOSPHITES is receiving the highest commendation from prominent physicians who have used it with success where other preparations have failed. The care with which it is prepared and the purity of the ingredients doubtless contribute to this result."—*Boston Journal of Chemistry, Dr. J. R. Nichols, Editor and Proprietor.*

Parke, Davis & Co.—This great Drug Establishment of Detroit still maintains its high reputation before the country. The energy which they display in the investigation and publication of new medicinal agents, the neatness and precision with which they put up all the standard preparations, and the staunch integrity and promptness which they have always exhibited as business men, have justly secured the confidence and patronage of the profession and of the public.

Dr. J. S. Pemberton & Co., Drug and Chemical Brokers and Manufacturers' Agents, Atlanta, Ga. Drug stores bought and sold. Physicians bills and orders a specialty. Send for prices. Correspondence solicited.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. As manufacturing chemists, this establishment is eminently popular, and is the pride of our country. This house has an attractive advertisement in this issue, which please examine carefully.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, $1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

Tongaline.—We wish to call the attention of our readers to this new remedy for Neuralgia and Rheumatism. Having a case of Neuralgia recently which did not improve under the ordinary treatment, we had Messrs. Bush & Co. order some Tongaline for us, which we gave to our patient. It acted admirably, relieving the patient before many doses had been taken. Since then we have had occasion to prescribe it several times, and with the same good results. We believe Tongaline is destined to be the remedy for Neuralgia, and the testimonials from noted physicians and surgeons tend to strengthen such a prediction. Try Tongaline and you will thank us for this suggestion."—*Extract from the Jan.* ('84) *number of the Eastern Medical Journal, Worcester, Mass.*